

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Phillips For Congress

ADDRESS (number and street)

3523 Phyllis Street

Check if different
than previously
reported. (ACC)

Endicott

NY

13760

2. FEC IDENTIFICATION NUMBER ▼

C

C00600833

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NY

22

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

09

Y Y Y Y

2016

through

M M / D D / Y Y Y Y

06

D D / Y Y Y Y

30

Y Y Y Y

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Daniel Brhel

Signature of Treasurer

Daniel Brhel

[Electronically Filed]

Date

M M / D D / Y Y Y Y

07

D D / Y Y Y Y

25

Y Y Y Y

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Phillips For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	19615.00	239032.29
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	19615.00	239032.29
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	53437.96	172129.45
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	53437.96	172129.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	70768.84	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	44411.84	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 34

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Phillips For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

12750.00

220138.29

(ii) Unitemized.....

4365.00

12884.00

(iii) TOTAL of contributions from individuals ▶

17115.00

233022.29

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

2500.00

6000.00

(d) The Candidate.....

0.00

10.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

19615.00

239032.29

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

4950.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

19615.00

243982.29

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 34

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	53437.96	172129.45
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	634.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	450.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	53437.96	173213.45

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	104591.80
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	19615.00
25. SUBTOTAL (add Line 23 and Line 24).....	124206.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	53437.96
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	70768.84

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 34

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Phillips For Congress

A. Full Name (Last, First, Middle Initial) Mr. Michael Kirsch			Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2016	
Mailing Address 60 Brown Rd.			Transaction ID : A-885	
City	State	Zip Code		
Vestal	NY	13850		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 200.00	
Name of Employer Self		Occupation Pediatrician	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 400.00		

B. Full Name (Last, First, Middle Initial) Mr. Matthew Sillick			Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2016	
Mailing Address 24 Whippoorwill Way			Transaction ID : A-884	
City	State	Zip Code		
Belle Mead	NJ	08502		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer Ingredion inc		Occupation Scientist	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 750.00		

C. Full Name (Last, First, Middle Initial) Mr. Timothy J. Healy			Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2016	
Mailing Address 1200 5th Avenue			Transaction ID : A-936	
City	State	Zip Code		
New York	NY	10029		
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 500.00	
Name of Employer The Healy Group LLC		Occupation CIO	<input type="checkbox"/> Memo Item	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Phillips For Congress

A. Full Name (Last, First, Middle Initial) John Phillips		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2016	
Mailing Address 217 Colonial Avenue		Transaction ID : A-937	
City Union	State NJ	Zip Code 07083	Amount of Each Receipt this Period _____ 150.00
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item	
Name of Employer US Dept of Veterans Affairs	Occupation Director Employee Training		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		
B. Full Name (Last, First, Middle Initial) David Lopez		Date of Receipt M M / D D / Y Y Y Y 06 / 15 / 2016	
Mailing Address 23 Ketcham Ct		Transaction ID : A-887	
City East Northport	State NY	Zip Code 11731	Amount of Each Receipt this Period _____ 150.00
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item	
Name of Employer Telephonics	Occupation Program Manager		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		
C. Full Name (Last, First, Middle Initial) Mr. Carl Anderson		Date of Receipt M M / D D / Y Y Y Y 06 / 16 / 2016	
Mailing Address 4049 35th Street North		Transaction ID : A-905	
City Arlington	State VA	Zip Code 22207	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee. C _____		<input type="checkbox"/> Memo Item	
Name of Employer Van Scoyoc Assoc	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 350.00		
SUBTOTAL of Receipts This Page (optional).....		_____ 400.00	
TOTAL This Period (last page this line number only).....		_____	

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Phillips For Congress

A. Full Name (Last, First, Middle Initial)
Daniel Runde

Mailing Address 6910 Bonheim Ct

City McLean State VA Zip Code 22101

FEC ID number of contributing federal political committee. **C**

Name of Employer CSIS Occupation Scholar

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 450.00

Date of Receipt

M M / D D / Y Y Y Y
 06 / 18 / 2016

Transaction ID : A-941

Amount of Each Receipt this Period

100.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Charles Cooper

Mailing Address 221 10th St, SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer McBee Strategic Consulting Occupation EVP

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt

M M / D D / Y Y Y Y
 06 / 19 / 2016

Transaction ID : A-942

Amount of Each Receipt this Period

500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Mr. Frank Meier

Mailing Address 2513 Rhonda Dr

City Vestal State NY Zip Code 13850

FEC ID number of contributing federal political committee. **C**

Name of Employer Meier Supply Company INC Occupation President

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
 700.00

Date of Receipt

M M / D D / Y Y Y Y
 06 / 20 / 2016

Transaction ID : A-946

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

800.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 8 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Phillips For Congress

A. Full Name (Last, First, Middle Initial)
Matt and Mary Ellen Salanger

Mailing Address 805 River Road

City	State	Zip Code
Binghamton	NY	13901

FEC ID number of contributing federal political committee.

C

Name of Employer
 UHS

Occupation
 Healthcare Administration

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M / D D / Y Y Y Y
 06 / 20 / 2016

Transaction ID : A-948

Amount of Each Receipt this Period

100.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Surya Yalamanchili

Mailing Address 924 Prescott Ave

City	State	Zip Code
Endicott	NY	13760

FEC ID number of contributing federal political committee.

C

Name of Employer
 None

Occupation
 Retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M / D D / Y Y Y Y
 06 / 20 / 2016

Transaction ID : A-951

Amount of Each Receipt this Period

2700.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Dr. Paul Gabel

Mailing Address 119 Beethoven Street

City	State	Zip Code
Binghamton	NY	13905-3936

FEC ID number of contributing federal political committee.

C

Name of Employer
 Self

Occupation
 Psychologist

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M / D D / Y Y Y Y
 06 / 21 / 2016

Transaction ID : A-964

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2850.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Phillips For Congress

Full Name (Last, First, Middle Initial) Kradjian Properties		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2016
Mailing Address 84 Court Street		Transaction ID : A-956
City Binghamton	State NY	
Zip Code 13901		Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Ms. Naima E Kradjian		Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2016
Mailing Address 53 Schiller St		Transaction ID : A-957
City Binghamton	State NY	
Zip Code 13905		Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		
Name of Employer Kradjian Properties	Occupation Administration	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) Mr. William Hotaling		Date of Receipt M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address 125 Quassaick Ave		Transaction ID : A-986
City New Windsor	State NY	
Zip Code 12553-6635		Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		
Name of Employer retired	Occupation retired	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2450.00	

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Phillips For Congress

A. Full Name (Last, First, Middle Initial)
James P Smith Jr

Mailing Address 12 Eagles Way

City Middletown State NY Zip Code 10916

FEC ID number of contributing federal political committee. **C**

Name of Employer Advance Testing Company, Inc. Occupation President

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2016

Transaction ID : A-978

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Chris and Colleen Cortese

Mailing Address 117 Robinson St

City Binghamton State NY Zip Code 13904

FEC ID number of contributing federal political committee. **C**

Name of Employer Cortese Restaurant Occupation Office Manager

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : A-989

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Tracy Mehan

Mailing Address 1591 Spring Gate Drive, Unit #3408

City McLean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C**

Name of Employer American Water Works Association Occupation Association Executive

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2016

Transaction ID : A-992

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2250.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Phillips For Congress

A. Full Name (Last, First, Middle Initial) Mr. David J Culbertson		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2016	
Mailing Address 3421 Vestal Road		Transaction ID : A-1021	
City Vestal	State NY	Zip Code 13850-2139	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer National Pipe & Plastics, Inc.	Occupation President		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		
B. Full Name (Last, First, Middle Initial) Ms. Mary Anne Dorner		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2016	
Mailing Address 75 Gouverneurs Lane		Transaction ID : A-1025	
City Endicott	State NY	Zip Code 13760	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer None	Occupation Home Maker		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00		
C. Full Name (Last, First, Middle Initial) Mr. David Forer		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2016	
Mailing Address 247 Ford Road		Transaction ID : A-1024	
City Old Chatham	State NY	Zip Code 12136-1805	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item	
Name of Employer Intermarket Investment Corp.	Occupation Investment Executive		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		
SUBTOTAL of Receipts This Page (optional).....		1050.00	
TOTAL This Period (last page this line number only).....			

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Phillips For Congress

A. Full Name (Last, First, Middle Initial)
Mr. William Lane

Mailing Address 225 Penna Ave

City Binghamton State NY Zip Code 13903

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation CEO

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 450.00

Date of Receipt

M M	D D	Y Y Y Y
06	24	2016

Transaction ID : A-1023

Amount of Each Receipt this Period

200.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Levene Gouldin & Thompson, LLP

Mailing Address PO Box F-1706

City Binghamton State NY Zip Code 13902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 400.00

Date of Receipt

M M	D D	Y Y Y Y
06	24	2016

Transaction ID : A-1029

Amount of Each Receipt this Period

200.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
John Oliver III

Mailing Address 42 Glen Eagles Drive

City Saint Louis State MO Zip Code 63124

FEC ID number of contributing federal political committee. **C**

Name of Employer Bryan Cave Occupation Senior Policy Advisor

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt

M M	D D	Y Y Y Y
06	24	2016

Transaction ID : A-1015

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1400.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 34

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Phillips For Congress

A. Full Name (Last, First, Middle Initial)
Ehtisham Siddiqui

Mailing Address 3116 Sally Drive

City Vestal	State NY	Zip Code 13850
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer BAE Systems	Occupation VP
---------------------------------	------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 24 / 2016

Transaction ID : A-1033

Amount of Each Receipt this Period

200.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Charles Black

Mailing Address 601 N Fairfax St 402

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Prime Policy Group	Occupation Chairman
--	------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 27 / 2016

Transaction ID : A-1053

Amount of Each Receipt this Period

250.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Marc Cadin

Mailing Address 923 Ridge Drive

City McLean	State VA	Zip Code 22101
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer AALU	Occupation Association Executive
--------------------------	-------------------------------------

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 28 / 2016

Transaction ID : A-1017

Amount of Each Receipt this Period

750.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1200.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 34

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Phillips For Congress

Full Name (Last, First, Middle Initial)

Mr. Andrew Napoli

Mailing Address 6116 Hibbling Ave

City

Springfield

State

VA

Zip Code

22150-3327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Assistant Secretary of the Army

Occupation

Legislative Liaison

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Transaction ID : A-1030

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

100.00

12750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 34

(check only one)

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Phillips For Congress

A. Full Name (Last, First, Middle Initial)
New Republican Majority Fund

Mailing Address PO Box 53176

City	State	Zip Code
Washington	DC	20009

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 24 / 2016

Transaction ID : A-1022

Amount of Each Receipt this Period

500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
US Cuba Democracy PAC

Mailing Address 1200 West 49th Street

City	State	Zip Code
Hialeah	FL	33012

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 24 / 2016

Transaction ID : A-1028

Amount of Each Receipt this Period

2000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

2500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Phillips For Congress

Full Name (Last, First, Middle Initial)

A. Integrated Solutions Political

Mailing Address 4142 Adams Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2016

City	State	Zip Code
San Diego	CA	92116

Amount of Each Disbursement this Period

91.10

Purpose of Disbursement
Credit Card Fees

001

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : B-932

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Digital X-Press

Mailing Address 5 Sand Creek Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2016

City	State	Zip Code
Albany	NY	12205

Amount of Each Disbursement this Period

11110.42

Purpose of Disbursement
Mailing and Postage

004

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : B-925

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Integrated Solutions Political

Mailing Address 4142 Adams Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2016

City	State	Zip Code
San Diego	CA	92116

Amount of Each Disbursement this Period

33.73

Purpose of Disbursement
Credit Card Fees

001

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : B-930

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

11235.25

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Phillips For Congress

Full Name (Last, First, Middle Initial)

A. Ben Randolph

Mailing Address 200 Crocker Hill Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2016

City	State	Zip Code
Binghamton	NY	13904

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Payroll

001

☐ Memo Item

Candidate Name

Category/
Type**Transaction ID : B-921**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Integrated Solutions Political

Mailing Address 4142 Adams Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		11		2016

City	State	Zip Code
San Diego	CA	92116

Amount of Each Disbursement this Period

4.08

Purpose of Disbursement
Credit Card Fees

001

☐ Memo Item

Candidate Name

Category/
Type**Transaction ID : B-933**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Smart Media Group, LLCMailing Address 1427 Leslie Avenue
Suite 100

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2016

City	State	Zip Code
Alexandria	VA	22301

Amount of Each Disbursement this Period

6290.00

Purpose of Disbursement
TV Ad

004

☐ Memo Item

Candidate Name

Category/
Type**Transaction ID : B-924**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7294.08

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Phillips For Congress

Full Name (Last, First, Middle Initial)

A. FedEx Office

Mailing Address 3951 Vestal Parkway East

City	State	Zip Code
Vestal	NY	13850

Purpose of Disbursement
Office Supplies

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

19.96

☐ Memo Item

Transaction ID : B-920

B. Mr. Dallas Fischer

Mailing Address 176 Hanson Road

City	State	Zip Code
Mahtomedi	MN	55115

Purpose of Disbursement
GOTV reimbursement

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

280.12

☐ Memo Item

Transaction ID : B-913

C. Mr. Dallas Fischer

Mailing Address 176 Hanson Road

City	State	Zip Code
Mahtomedi	MN	55115

Purpose of Disbursement
Office Supplies Reimbursement

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

98.84

☐ Memo Item

Transaction ID : B-914

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

398.92

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Phillips For Congress

Full Name (Last, First, Middle Initial)

A. Integrated Solutions Political

Mailing Address 4142 Adams Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

City	State	Zip Code
San Diego	CA	92116

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fees

001

20.90

Candidate Name

☐ Memo Item

Transaction ID : B-911

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Integrated Solutions Political

Mailing Address 4142 Adams Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

City	State	Zip Code
San Diego	CA	92116

Amount of Each Disbursement this Period

Purpose of Disbursement
Credit Card Fees

001

5.68

Candidate Name

☐ Memo Item

Transaction ID : B-912

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

c. Ben Randolph

Mailing Address 200 Crocker Hill Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

City	State	Zip Code
Binghamton	NY	13904

Amount of Each Disbursement this Period

Purpose of Disbursement
Travel Reimbursement

002

57.00

Candidate Name

☐ Memo Item

Transaction ID : B-922

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

83.58

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Phillips For Congress

Full Name (Last, First, Middle Initial)

A. Ben Randolph

Mailing Address 200 Crocker Hill Road

City	State	Zip Code
Binghamton	NY	13904

Purpose of Disbursement
Travel Reimbursement

002

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

38.79

☐ Memo Item**Transaction ID : B-923**

Full Name (Last, First, Middle Initial)

B. United States Postal Service

Mailing Address 200 Washington Avenue

City	State	Zip Code
Endicott	NY	13760

Purpose of Disbursement
Mailing and Postage

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

141.00

☐ Memo Item**Transaction ID : B-971**

Full Name (Last, First, Middle Initial)

C. Merle Whitehead

Mailing Address 6505 East Quaker Street

City	State	Zip Code
Orchard Park	NY	14127

Purpose of Disbursement
Rent

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**Transaction ID : B-927****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1679.79

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Phillips For Congress

Full Name (Last, First, Middle Initial)

A. Merle Whitehead

Mailing Address 6505 East Quaker Street

City	State	Zip Code
Orchard Park	NY	14127

Purpose of Disbursement
Rent

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2016

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Transaction ID : B-928

Full Name (Last, First, Middle Initial)

B. Callahan Digital Printing

Mailing Address 229 Lower Stella Ireland Road

City	State	Zip Code
Binghamton	NY	13905

Purpose of Disbursement
Handouts

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2016

Amount of Each Disbursement this Period

864.00

☐ Memo Item

Transaction ID : B-997

Full Name (Last, First, Middle Initial)

C. Mr. Dallas Fischer

Mailing Address 176 Hanson Road

City	State	Zip Code
Mahtomedi	MN	55115

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2016

Amount of Each Disbursement this Period

1778.31

☐ Memo Item

Transaction ID : B-918

SUBTOTAL of Disbursements This Page (optional).....

4142.31

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Phillips For Congress

Full Name (Last, First, Middle Initial)

A. Integrated Solutions Political

Mailing Address 4142 Adams Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2016

City	State	Zip Code
San Diego	CA	92116

Amount of Each Disbursement this Period

8	7	6	5	4	3	2	1	0	.	0	6	2
---	---	---	---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement
Credit Card Fees

001

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : B-973

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Mercury Public Affiars LLCMailing Address 250 Greenwich Street
36th Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		17		2016

City	State	Zip Code
New York	NY	10007

Amount of Each Disbursement this Period

6	4	9	0
---	---	---	---

Purpose of Disbursement
Travel

002

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : B-935

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Integrated Solutions Political

Mailing Address 4142 Adams Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2016

City	State	Zip Code
San Diego	CA	92116

Amount of Each Disbursement this Period

1	3	9	5
---	---	---	---

Purpose of Disbursement
Credit Card Fees

001

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : B-972

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

89.47

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Phillips For Congress

Full Name (Last, First, Middle Initial)

A. 3 West Club

Mailing Address 3 West 51st Street

City	State	Zip Code
New York	NY	10104

Purpose of Disbursement
Fundraiser

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2016

Amount of Each Disbursement this Period

922.01

☐ Memo Item**Transaction ID : B-970**

Full Name (Last, First, Middle Initial)

B. Digital X-Press

Mailing Address 5 Sand Creek Road

City	State	Zip Code
Albany	NY	12205

Purpose of Disbursement
Mailing and Postage

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2016

Amount of Each Disbursement this Period

6292.24

☐ Memo Item**Transaction ID : B-969**

Full Name (Last, First, Middle Initial)

C. Smart Media Group, LLCMailing Address 1427 Leslie Avenue
Suite 100

City	State	Zip Code
Alexandria	VA	22301

Purpose of Disbursement
TV Ad

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2016

Amount of Each Disbursement this Period

7250.00

☐ Memo Item**Transaction ID : B-968****SUBTOTAL** of Disbursements This Page (optional).....

14464.25

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Phillips For Congress

Full Name (Last, First, Middle Initial)

A. Mr. Dallas Fischer

Mailing Address 176 Hanson Road

City	State	Zip Code
Mahtomedi	MN	55115

Purpose of Disbursement
Food Reimbursement

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

Amount of Each Disbursement this Period

146.38

☐ Memo Item

Transaction ID : B-1002

Full Name (Last, First, Middle Initial)

B. Mr. Dallas Fischer

Mailing Address 176 Hanson Road

City	State	Zip Code
Mahtomedi	MN	55115

Purpose of Disbursement
Reimbursement Office Supplies

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

Amount of Each Disbursement this Period

15.00

☐ Memo Item

Transaction ID : B-1005

Full Name (Last, First, Middle Initial)

c. Integrated Solutions Political

Mailing Address 4142 Adams Avenue

City	State	Zip Code
San Diego	CA	92116

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

Amount of Each Disbursement this Period

10.19

☐ Memo Item

Transaction ID : B-967

SUBTOTAL of Disbursements This Page (optional).....

171.57

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Phillips For Congress

Full Name (Last, First, Middle Initial)

A. Ben Randolph

Mailing Address 200 Crocker Hill Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2016

City	State	Zip Code
Binghamton	NY	13904

Amount of Each Disbursement this Period

Purpose of Disbursement
Travel

002

30.00

Candidate Name

☐ Memo Item**Transaction ID : B-1006**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. NYSEG

Mailing Address PO Box 5240

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

City	State	Zip Code
Binghamton	NY	13902

Amount of Each Disbursement this Period

Purpose of Disbursement
Utilities

001

128.60

Candidate Name

☐ Memo Item**Transaction ID : B-1003**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. NYSEG

Mailing Address PO Box 5240

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

City	State	Zip Code
Binghamton	NY	13902

Amount of Each Disbursement this Period

Purpose of Disbursement
Utilities

001

26.00

Candidate Name

☐ Memo Item**Transaction ID : B-1004**

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

184.60

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Phillips For Congress

Full Name (Last, First, Middle Initial)

A. Paychex INC

Mailing Address 215 Greenfield Parkway

City	State	Zip Code
Liverpool	NY	13088

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

Amount of Each Disbursement this Period

108.61

☐ Memo Item

Transaction ID : B-1012

B. Paychex INC

Mailing Address 215 Greenfield Parkway

City	State	Zip Code
Liverpool	NY	13088

Purpose of Disbursement
Payroll and Taxes

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2016

Amount of Each Disbursement this Period

940.45

☐ Memo Item

Transaction ID : B-1013

C. Mr. Dallas Fischer

Mailing Address 176 Hanson Road

City	State	Zip Code
Mahtomedi	MN	55115

Purpose of Disbursement
Advertising

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2016

Amount of Each Disbursement this Period

71.11

☐ Memo Item

Transaction ID : B-1007

SUBTOTAL of Disbursements This Page (optional).....

1120.17

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Phillips For Congress

Full Name (Last, First, Middle Initial)

A. Mr. Dallas Fischer

Mailing Address 176 Hanson Road

City	State	Zip Code
Mahtomedi	MN	55115

Purpose of Disbursement
Advertising

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2016

Amount of Each Disbursement this Period

50.08

☐ Memo Item

Transaction ID : B-1008

Full Name (Last, First, Middle Initial)

B. Integrated Solutions Political

Mailing Address 4142 Adams Avenue

City	State	Zip Code
San Diego	CA	92116

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2016

Amount of Each Disbursement this Period

81.08

☐ Memo Item

Transaction ID : B-1000

Full Name (Last, First, Middle Initial)

c. Integrated Solutions Political

Mailing Address 4142 Adams Avenue

City	State	Zip Code
San Diego	CA	92116

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2016

Amount of Each Disbursement this Period

38.54

☐ Memo Item

Transaction ID : B-1001

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

169.70

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Phillips For Congress

Full Name (Last, First, Middle Initial)

A. RedPrint Strategy

Mailing Address PO Box 710993

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2016

City	State	Zip Code
Herndon	VA	20171

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Media Production

003

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : B-999

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Smart Media Group, LLCMailing Address 1427 Leslie Avenue
Suite 100

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2016

City	State	Zip Code
Alexandria	VA	22301

Amount of Each Disbursement this Period

225.00

Purpose of Disbursement
TV Ad

004

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : B-1010

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Mr. Dallas Fischer

Mailing Address 176 Hanson Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2016

City	State	Zip Code
Mahtomedi	MN	55115

Amount of Each Disbursement this Period

1778.31

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type☐ Memo Item

Transaction ID : B-1048

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2503.31

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Phillips For Congress

Full Name (Last, First, Middle Initial)

A. Integrated Solutions Political

Mailing Address 4142 Adams Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2016

City	State	Zip Code
San Diego	CA	92116

Amount of Each Disbursement this Period

48.38

Purpose of Disbursement
Credit Card Fees

001

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : B-998

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Integrated Solutions Political

Mailing Address 4142 Adams Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		25		2016

City	State	Zip Code
San Diego	CA	92116

Amount of Each Disbursement this Period

75.19

Purpose of Disbursement
Credit Card Fees

001

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : B-1018

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. Mr. Dallas Fischer

Mailing Address 176 Hanson Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2016

City	State	Zip Code
Mahtomedi	MN	55115

Amount of Each Disbursement this Period

120.00

Purpose of Disbursement
Advertising

004

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : B-1043

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2016

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

243.57

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Phillips For Congress

Full Name (Last, First, Middle Initial)

A. Mr. Dallas Fischer

Mailing Address 176 Hanson Road

City	State	Zip Code
Mahtomedi	MN	55115

Purpose of Disbursement
Food Reimbursement

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2016

Amount of Each Disbursement this Period

129.52

☐ Memo Item

Transaction ID : B-1044

Full Name (Last, First, Middle Initial)

B. Mr. Dallas Fischer

Mailing Address 176 Hanson Road

City	State	Zip Code
Mahtomedi	MN	55115

Purpose of Disbursement
Printing

006

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2016

Amount of Each Disbursement this Period

123.48

☐ Memo Item

Transaction ID : B-1045

Full Name (Last, First, Middle Initial)

c. Integrated Solutions Political

Mailing Address 4142 Adams Avenue

City	State	Zip Code
San Diego	CA	92116

Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2016

Amount of Each Disbursement this Period

14.68

☐ Memo Item

Transaction ID : B-1019

SUBTOTAL of Disbursements This Page (optional).....

267.68

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 34

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Phillips For Congress

Full Name (Last, First, Middle Initial)

A. Integrated Solutions Political

Mailing Address 4142 Adams Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2016

City	State	Zip Code
San Diego	CA	92116

Amount of Each Disbursement this Period

1.03

Purpose of Disbursement
Credit Card Fees

001

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : B-1042

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Integrated Solutions Political

Mailing Address 4142 Adams Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2016

City	State	Zip Code
San Diego	CA	92116

Amount of Each Disbursement this Period

22.05

Purpose of Disbursement
Credit Card Fees

001

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : B-1041

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

c. Ben Randolph

Mailing Address 200 Crocker Hill Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2016

City	State	Zip Code
Binghamton	NY	13904

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Payroll

001

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : B-1049

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1023.08

52802.13

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 33 OF 34

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Phillips For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Fulcrum Campaign Strategies

Nature of Debt (Purpose):

Mailing and Postage

Mailing Address 701 8th Street NW
Suite 650City State Zip Code
Washington DC 20001

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-1057

Amount Incurred This Period

23628.17

Payment This Period

0.00

Outstanding Balance at Close of This Period

23628.17

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Advantage Inc.

Nature of Debt (Purpose):

Phone Calls

Mailing Address 2300 North Clarendon Boulevard
Suite 303City State Zip Code
Arlington VA 22201

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-1054

Amount Incurred This Period

8033.67

Payment This Period

0.00

Outstanding Balance at Close of This Period

8033.67

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CSC Capital

Nature of Debt (Purpose):

Fundraising and compliance

Mailing Address 38 Condon Road

City State Zip Code
Stillwater NY 12170

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-1055

Amount Incurred This Period

6750.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6750.00

1) **SUBTOTALS** This Period This Page (optional) ▶

38411.84

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 34 OF 34

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Phillips For Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Merle WhiteheadNature of Debt (Purpose):
Rent

Mailing Address 6505 East Quaker Street

City State

Zip Code

Orchard Park

NY

14127

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-1056

Amount Incurred This Period

6000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

6000.00

2) **TOTALS** This Period (last page this line number only)

44411.84

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

44411.84